



EMPLOYEE UGRCTCVKQP

Company Name: _____
Name of Employee: _____
Separation Effective Date: _____
Reg. Hours To Be Paid Final Check: _____
Vacation Hours To Be Paid: _____
Additional Special Instructions: _____

Reason for Termination:

Voluntary Resignation (Check One)

Involuntary Termination (Check One)

- Secured better position
- Dissatisfied (type of work)
- Dissatisfied (salary)
- Dissatisfied (supervisor)
- Generally dissatisfied
- Retirement
- Returned to school
- Moving out of area
- Family/Personal Circumstances
- No Reason Given

- Absenteeism or Tardiness
- Failure to Meet Performance Expectations
- Insubordination
- Not qualified for the position
- Dishonesty or Theft
- Job abandonment
- Death
- Other

Lay Off:

Lack of Work Job Eliminated

Eligible for Rehire? Yes No

If NO, Explain: _____

Supervisor Signature

Date